

Pg 1 of 9

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

<input type="checkbox"/>	Y	N
<input checked="" type="checkbox"/>	Incident Report	
<input checked="" type="checkbox"/>	Investigation Completed	
<input checked="" type="checkbox"/>	Investigation Made at Scene	
<input checked="" type="checkbox"/>	Fatality	
<input checked="" type="checkbox"/>	Photographs	

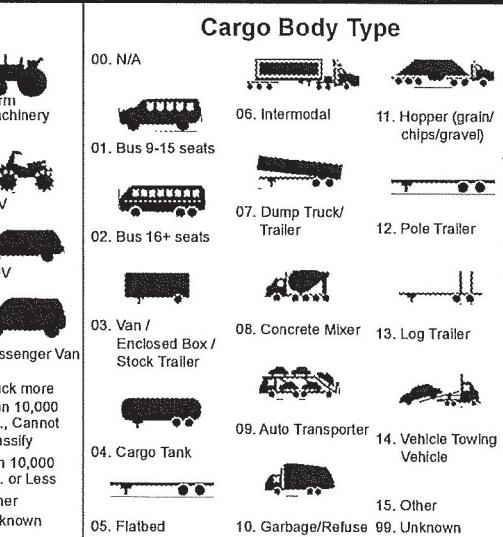
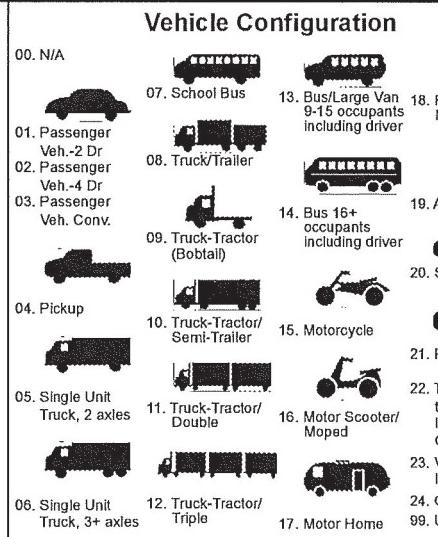
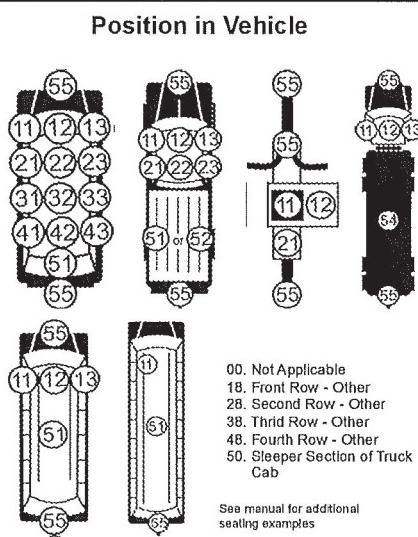
(1) Reporting Agency OKLAHOMA HIGHWAY PATROL				Case Number (Agency Use) F00614-19				Motor Vehicles Involved 03 Number Injured 03 Number Killed 00																																																																																																																																																							
(2) Date of Collision (mm/dd/yyyy) 05/20/2019		Time 1543		County Number and Name 43 LOVE		Nearest City or Town Number and Name In <input type="checkbox"/> 00 THACKERVILLE Near <input checked="" type="checkbox"/>																																																																																																																																																									
(3) Distance from Nearest City or Town Limits 0020		Mi. <input checked="" type="checkbox"/> Fl. <input type="checkbox"/>	N <input checked="" type="checkbox"/> S <input type="checkbox"/>	Mi. <input type="checkbox"/> Fl. <input type="checkbox"/>	E <input type="checkbox"/> W <input checked="" type="checkbox"/>	Control # 17	Int ID 00	Location 07 . 00	East Grid 047	North Grid + 7	Administrative 014 + 7 PARIS																																																																																																																																																				
(4) Street, Road or Highway I-35		Distance from At 0010				(Nearest) Intersecting Street, Road or Highway Mi. <input type="checkbox"/> Fl. <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> of MM 7																																																																																																																																																									
(5) Unit 01	Occupants 01	Type <input checked="" type="checkbox"/> D <input type="checkbox"/> CMV	Hit & Run <input type="checkbox"/> <input checked="" type="checkbox"/>	Last Name SEARS	First GERALD	Middle LYNN	Suffix	Date of Birth (mm/dd/yyyy) 12/21/1959	Sex M																																																																																																																																																						
(6) Address MAIL 2308 N LOCKHART ST				City SHERMAN		State TX		Zip 75092		Telephone (Use Area Code) (903)771-8320																																																																																																																																																					
(7) Driver License Number 29349652				State TX		Class A		Endorsement(s)		Restriction(s) Inj. Sev. 1 0																																																																																																																																																					
(8) Ejected Air Bag 9 1 1 5 0.				Test (% BAC)		Transported by		To Medical Facility		License Plate Number 2354880		State IN		Month 06		Year 2019																																																																																																																																															
(9) VIN 3AKJGLD58FSGP3620				Vehicle Year 2015		Color WHI		2nd Color 0		Make FRHT		Model CAS		Veh. Conf. 09		Extent of Damage 4																																																																																																																																															
(10) Insurance Company Name Insurance Verification 3 CHEROKEE INS. CO				Policy Number CA190001						Insurance Telephone (Use Area Code) 8002100450																																																																																																																																																					
(11) Vehicle Removed by Driver MISTLETOE WRECKER				Owner's Last Name Same as Driver		First		Middle		Suffix																																																																																																																																																					
(12) Owner's Address 1340 141ST ST				City HAMMOND		State IN		Zip 46327		Oversized Load 0 00	Rolled <input type="checkbox"/> Burned <input type="checkbox"/>	Phone present <input type="checkbox"/> Phone in use <input type="checkbox"/>	Towed Veh. Type																																																																																																																																																		
(13) Citation Number M968372				Statute/Ordinance Number T47 11901B		Citation Number				Statute/Ordinance Number																																																																																																																																																					
(14) Unit 02	Occupants 01	Type <input checked="" type="checkbox"/> C <input type="checkbox"/> CMV	Hit & Run <input type="checkbox"/> <input checked="" type="checkbox"/>	Last Name VENTRESCA	First NICHOLAS	Middle AARON	Suffix SR	Date of Birth (mm/dd/yyyy) 11/15/1987	Sex M																																																																																																																																																						
(15) Address 8920 MCKENZIE RD				City GUTHRIE		State OK		Zip 73044		Telephone (Use Area Code) 9																																																																																																																																																					
(16) Driver License Number S082124435				State OK		Class D		Endorsement(s)		Restriction(s) Inj. Sev. 2 3		Type of Injury		Drv./Ped. Cond. 00		OP Use 00																																																																																																																																															
(17) Ejected Air Bag 1 1 1 5 0.				Test (% BAC)		Transported by SOAS		To Medical Facility NORTH TEXAS HOSPITAL		License Plate Number LONGBOW		State ND		Month 02		Year 2020																																																																																																																																															
(18) VIN 3C63R3JL6JG140734				Vehicle Year 2018		Color BLK		2nd Color 0		Make RAM		Model 3500		Veh. Conf. 04		Extent of Damage 4																																																																																																																																															
(19) Insurance Company Name Insurance Verification 2 TRAVELERS INS				Policy Number ZPP81M40673						Insurance Telephone (Use Area Code) 9																																																																																																																																																					
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(23) Investigating Officer M Rodriguez				Badge Number 751		Trp/Div. Assigned F		Trp/Div. Location F		Reviewer (Init.) BS		Reviewer Badge Number 115		Date of Report (mm/dd/yyyy) 05/20/2019																																																																																																																																																	
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WARNING - STATE LAW Use of contents for commercial solicitation is unlawful																																																																																																																																																															

Case Number F00614-19

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(24) Unit 02	Injured <input checked="" type="checkbox"/> Witness <input type="checkbox"/>	Passenger <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh. 23	Last Name VENTRESCA	First NICHOLAS	Middle A	Suffix JR	DOB(mm/dd/yyyy) 03/30/2014	Sex M
(25) Address Same as Driver <input checked="" type="checkbox"/>				City	State	Zip	Telephone (Use Area Code) 9		
(26) Injury Severity / Type 2 3	OP Use 08	Air Bag 1	Ejected 1	Extricated 1	Transported by SOAS	To Medical Facility NORTH TEXAS HOSPITAL	Property Type		
(27) Unit _____	Injured <input type="checkbox"/> Witness <input type="checkbox"/>	Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh. _____	Last Name _____	First _____	Middle _____	Suffix _____	DOB(mm/dd/yyyy) _____	Sex _____
(28) Address Same as Driver <input type="checkbox"/>				City	State	Zip	Telephone (Use Area Code)		
(29) Injury Severity / Type _____	OP Use _____	Air Bag _____	Ejected _____	Extricated _____	Transported by _____	To Medical Facility _____	Property Type _____		
(30) Unit _____	Injured <input type="checkbox"/> Witness <input type="checkbox"/>	Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh. _____	Last Name _____	First _____	Middle _____	Suffix _____	DOB(mm/dd/yyyy) _____	Sex _____
(31) Address Same as Driver <input type="checkbox"/>				City	State	Zip	Telephone (Use Area Code)		
(32) Injury Severity / Type _____	OP Use _____	Air Bag _____	Ejected _____	Extricated _____	Transported by _____	To Medical Facility _____	Property Type _____		
(33) Unit _____	Injured <input type="checkbox"/> Witness <input type="checkbox"/>	Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh. _____	Last Name _____	First _____	Middle _____	Suffix _____	DOB(mm/dd/yyyy) _____	Sex _____
(34) Address Same as Driver <input type="checkbox"/>				City	State	Zip	Telephone (Use Area Code)		
(35) Injury Severity / Type _____	OP Use _____	Air Bag _____	Ejected _____	Extricated _____	Transported by _____	To Medical Facility _____	Property Type _____		

Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS., or has a HAZMAT PLACARD, DRIVES BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER.



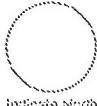
Case Number F00614-19

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

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Unit		Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only				Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)			
		01	02	70	Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
		02	00	70							
Light		1	What Vehicle Was Going To Do	01	13	Underride/Override	Unit 1	Unit 2	Type of Work Zone		
1 Daylight			00 Not Applicable	0 Not Applicable				1 Lane Closure	1 Before the First Work Zone Warning Sign		
2 Dark-Not Lighted			01 Go Ahead	1 No Underide or Override				2 Lane Shift/Crossover	2 Advance Warning Area		
3 Dark-Lighted			02 Turn Left	2 Underride, Compartment Intrusion				3 Work on Shoulder or Median	3 Transition Area		
4 Dawn			03 Turn Right	3 Underride, No Compartment Intrusion				4 Intermittent or Moving Work	4 Activity Area		
5 Dusk			04 Make "U" Turn	4 Underride, Compartment Intrusion Unknown				5 Unknown	5 Termination Area		
6 Dark-Unknown Lighting			05 Stop	5 Override, Motor Vehicle in Transport					9 Unknown		
7 Other			06 Slow for Cause	6 Override, Other Motor Vehicle							
9 Unknown			07 Start from Park/Stop	7 Unknown							
Weather		03	08 Change Lanes	8 Unknown							
01 Clear			09 Overtake	9 Unknown							
02 Fog/Smog/Smoke			10 Pass	10 Unknown							
03 Cloudy			11 Back	11 Unknown							
04 Rain			12 Remain Stopped	12 Unknown							
05 Snow			13 Remain Parked	13 Unknown							
06 Sleet/Hail (Freezing Rain/Drizzle)			14 Enter/Merge In Traffic	14 Unknown							
07 Severe Crosswind			15 Negotiate a Curve	15 Unknown							
08 Blowing Snow			16 Park	16 Unknown							
09 Blowing Sand, Soil, Dirt			17 Other	17 Unknown							
10 Other			99 Unknown	99 Unknown							
Locality		5	What Vehicle Did	Unit 1	15	07	Traffic Control	Unit 1	Unit 2	Workers Present Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
1 Residential			00 Not Applicable	00 Not Applicable				1 Trafficway	Unit 1	Unit 2	Location of the Work Zone Collision
2 Business			01 Went Ahead	1 Not Applicable				2 Before the First Work Zone Warning Sign			
3 Industrial			02 Turned Left	2 Underride, Compartment Intrusion				3 Advance Warning Area			
4 School			03 Turned Right	3 Underride, No Compartment Intrusion				4 Transition Area			
5 Not Built-up			04 Entered "U" Turn	4 Underride, Compartment Intrusion Unknown				5 Activity Area			
6 Mixed Use			05 Stopped	5 Override, Motor Vehicle in Transport				6 Termination Area			
7 Other			06 Slowed	6 Override, Other Motor Vehicle				9 Unknown			
9 Unknown			07 Started From Park/Stop	7 Unknown							
Type of Intersection		0	08 Entered Other Lane	8 Unknown							
0 Not an Intersection			09 Overtaking	9 Unknown							
2 Y-Intersection			10 Passing	10 Unknown							
3 T-Intersection			11 Backed	11 Unknown							
4 Four-Way Intersection			12 Remained Stopped	12 Unknown							
5 Five-Point or More Intersection as Part of Interchange			13 Remained Parked	13 Unknown							
6 Intersection as Part of Interchange			14 Entered/Merged	14 Unknown							
7 Traffic Circle			15 Departed Rdwy-Right	15 Unknown							
8 Roundabout			16 Departed Rdwy-Left	16 Unknown							
9 Unknown			17 Swerved Right	17 Unknown							
Incident Type		00	18 Swerved Left	18 Unknown							
00 Not an Incident			19 Parked	19 Unknown							
51 Private Property			20 Other	20 Unknown							
52 Deliberate Intent			99 Unknown	99 Unknown							
53 Medical Condition			Visibility Obscured by	Unit 1	00	00	Road Surface Conditions	Unit 1	Unit 2	Unsafe / Unlawful Contributing Factors	
54 Legal Intervention			00 Not Applicable	00 Not Applicable				72	98	Unit 1 Unit 2	
55 Suicide			01 Trees	01 Not Applicable						Failed To Yield	
57 Drowning			02 Embankment	01 One Way						49 Tires	
58 Other			03 Building	02 Two-Way - Not Divided						50 Suspension	
Location of First Harmful Event		02	04 Signs	03 Two-Way - Divided						51 Headlights	
01 On Roadway			05 Parked Vehicles	04 Two-Way - Divided -						52 Tail Lights	
02 Shoulder			06 High Weeds	05 Positive Median Barrier						53 Stop Lights	
03 Median			07 Fences	06 Turn Lane						54 Wheel	
04 Roadside			08 Shrubbery	07 Ramp / Loop						55 Exhaust System	
05 Gore			09 Ice, Snow or Frost on Windows	08 Driveway						56 Windshield Wipers	
06 Separator			10 Smoke	09 Alley / Parking Lot						57 Other Mechanical Defects	
07 Parking Lane/Zone			11 Fog	09 Unknown						LEFT OF CENTER	
08 Off Roadway, Location Unknown			12 Dust	10 Not Applicable						58 In Meeting	
09 Outside Right-of-Way			13 Rain	11 One Way						59 No Passing Zone (Unmarked)	
10 Other			14 Sun	12 Two-Way						60 Marked Zone	
99 Unknown			15 Other	13 Three-Way						61 Other	
Point of First Contact on Vehicle			99 Unknown	14 Four-Way						IMPROPER OVERTAKING	
Most Damaged Area			Road Character	Unit 1	00	00	Vehicle Removal	Unit 1	Unit 2	CLOSELY	
00 Not Applicable			Grade	Unit 1	01	01	Unit 1	1	1	13 Human Element	
01 School			Hillcrest	Unit 1	1	1	Unit 2			14 Traffic Condition	
02 Transit			Uphill				2 Towed For Reasons Other Than Damage			15 Weather Condition	
03 Intercity			Downhill				3 Remained at Scene			UNSAFE SPEED	
04 Charter			Sag (bottom)				4 Driven from Scene			16 Driver's Ability (Aged)	
05 Other			Road Alignment	Unit 1	1	1	9 Unknown			17 Inexperienced Driver - Young	
06 Military			1 Straight	Unit 1	1	1				18 Exceeding Legal Limit	
07 OHP			2 Curve - Left	Unit 1	1	1				19 For Traffic Conditions	
08 Other Police			3 Curve - Right	Unit 1	1	1				20 For Type of Roadway (Gravel, Dirt, etc.)	
09 Other Law Enforcement			Road Surface Type	Unit 1	2	2	Vehicle Condition	Unit 1	01	21 For Ice or Snow on Roadway	
10 Ambulance			Concrete	Unit 1	2	2	Unit 2			22 Rain or Wet Roadway	
11 Fire Truck			Asphalt							23 Wind	
12 Public Owned Vehicle			Gravel							24 Other Weather Conditions	
13 Highway Equipment			Dirt							25 Vehicle Condition	
14 Special Mobilized Machine			Brick							26 View Obstruction	
15 Other			Other							27 On Curve/Turn	
99 Unknown			Unknown							28 Impeding Traffic	
Emergency Vehicle Responding to an Emergency			Road Surface Type	Unit 1	0	0	Special Function of Vehicle	Unit 1	00	29 Other	
0 N/A			Concrete	Unit 1	0	0	Unit 2			IMPROPER TURN	
2 No			Asphalt							30 From Wrong Lane	
9 Unknown			Gravel							31 From Direct Course	
00 Not Applicable			Dirt							32 Right	
14 Undercarriage			Brick							33 Left	
99 Unknown			Other							34 Turn About/U-Turn	
99 Unknown			Unknown							35 To Enter Private Drive	
Point of First Contact on Vehicle			Road Character	Unit 1	00	00	Unit 2			36 In Front of Oncoming Traffic	
Most Damaged Area			Grade	Unit 1	1	1				37 Other	
00 Not Applicable			Hillcrest	Unit 1	1	1				38 CHANGED LANES	
01 School Bus			Uphill							UNSAFELY	
02 Transit Bus			Downhill							39 STOPPED IN TRAFFIC LANE	
03 Intercity Bus			Sag (bottom)							FAILED TO STOP	
04 Charter Bus			Road Alignment	Unit 1	1	1				40 For Stop Sign	
05 Other Bus			1 Straight	Unit 1	1	1				41 For Traffic Signal	
06 Military			2 Curve - Left	Unit 1	1	1				42 For School Bus	
07 OHP			3 Curve - Right	Unit 1	1	1				43 For Railroad Gates/Signal	
08 Other Police			Road Surface Type	Unit 1	2	2				44 For Officer/Flagman	
09 Other Law Enforcement			Concrete	Unit 1	2	2				45 At Sidewalk/Stopline	
10 Ambulance			Asphalt							46 Other	
11 Fire Truck			Gravel							UNSAFE VEHICLE	
12 Public Owned Vehicle			Dirt							47 Brakes	
13 Highway Equipment			Brick							48 Steering	
14 Special Mobilized Machine			Other								
15 Other			Unknown								
99 Unknown			Road Surface Type	Unit 1	0	0	Point of First Contact on Vehicle	Unit 1	12	Point of First Contact on Vehicle	
0 N/A			Concrete	Unit 1	0	0	Unit 2		07	Unit 2	
2 No			Asphalt								
9 Unknown			Gravel								
00 Not Applicable			Dirt								
14 Undercarriage			Brick								
99 Unknown			Other								
99 Unknown			Unknown								
Point of First Contact on Vehicle			Road Character	Unit 1	00	00	Most Damaged Area	Unit 1	12	Point of First Contact on Vehicle	
Most Damaged Area			Grade	Unit 1	1	1	Unit 2		08	Unit 2	
00 Not Applicable			Hillcrest	Unit 1	1	1					
14 Undercarriage			Uphill								
99 Unknown			Downhill								
99 Unknown			Sag (bottom)								
Point of First Contact on Vehicle			Road Alignment	Unit 1	1	1					
Most Damaged Area			1 Straight	Unit 1	1	1					
00 Not Applicable			2 Curve - Left	Unit 1	1	1					
14 Undercarriage			3 Curve - Right	Unit 1	1	1					
99 Unknown			Road Surface Type	Unit 1	2	2					
Point of First Contact on Vehicle			Concrete	Unit 1	2	2					
Most Damaged Area			Asphalt								
00 Not Applicable			Gravel								
14 Undercarriage			Dirt								
99 Unknown			Brick								
Point of First Contact on Vehicle			Other								
Most Damaged Area			Unknown								
Point of First Contact on Vehicle			Road Surface Type	Unit 1	0	0					
Most Damaged Area			Concrete								
00 Not Applicable			Asphalt								
14 Undercarriage			Gravel								
99 Unknown			Dirt								
Point of First Contact on Vehicle			Brick								
Most Damaged Area			Other								
Point of First Contact on Vehicle			Unknown								
Point of First Contact on Vehicle			Road Surface Type	Unit 1	0	0					
Point of First Contact on Vehicle			Concrete								
Point of First Contact on Vehicle			Asphalt								
Point of First Contact on Vehicle			Gravel								
Point of First Contact on Vehicle			Dirt								
Point of First Contact on Vehicle			Brick								
Point of First Contact on Vehicle			Other								
Point of First Contact on Vehicle			Unknown								
Point of First Contact on Vehicle			Road Surface Type	Unit 1	0	0					
Point of First Contact on Vehicle			Concrete								
Point of First Contact on Vehicle			Asphalt								
Point of First Contact on Vehicle			Gravel								
Point of First Contact on Vehicle			Dirt								
Point of First Contact on Vehicle			Brick								
Point of First Contact on Vehicle			Other								
Point of First Contact on Vehicle			Unknown								
Point of First Contact on Vehicle			Road Surface Type	Unit 1	0	0					
Point of First Contact on Vehicle			Concrete								
Point of First Contact on Vehicle			Asphalt								
Point of First Contact on Vehicle			Gravel								
Point of First Contact on Vehicle			Dirt								
Point of First Contact on Vehicle			Brick								
Point of First Contact on Vehicle			Other								
Point of First Contact on Vehicle			Unknown								
Point of First Contact on Vehicle			Road Surface Type	Unit 1	0	0					
Point of First Contact on Vehicle			Concrete								
Point of First Contact on Vehicle			Asphalt								
Point of First Contact on Vehicle			Gravel								
Point of First Contact on Vehicle			Dirt								
Point of First Contact on Vehicle			Brick								
Point of First Contact on Vehicle			Other								
Point of First Contact on Vehicle			Unknown								
Point of First Contact on Vehicle			Road Surface Type	Unit 1	0	0					
Point of First Contact on Vehicle			Concrete								
Point of First Contact on Vehicle			Asphalt								
Point of First Contact on Vehicle			Gravel								
Point of First Contact on Vehicle			Dirt								
Point of First Contact on Vehicle			Brick								
Point of First Contact on Vehicle			Other								
Point of First Contact on Vehicle			Unknown								
Point of First Contact on Vehicle			Road Surface Type	Unit 1	0	0					
Point of First Contact on Vehicle			Concrete								
Point of First Contact on Vehicle			Asphalt								
Point of First Contact on Vehicle			Gravel								
Point of First Contact on Vehicle			Dirt								
Point of First Contact on Vehicle			Brick								
Point of First Contact on Vehicle			Other								
Point of First Contact on Vehicle			Unknown								
Point of First Contact on Vehicle			Road Surface Type	Unit 1	0	0					
Point of First Contact on Vehicle			Concrete								
Point of First Contact on Vehicle			Asphalt								
Point of First Contact on Vehicle			Gravel								
Point of First Contact on Vehicle			Dirt								
Point of First Contact on Vehicle			Brick								
Point of First Contact on Vehicle			Other								
Point of First Contact on Vehicle			Unknown								
Point of First Contact on Vehicle			Road Surface Type	Unit 1	0	0					
Point of First Contact on Vehicle			Concrete								
Point of First Contact on Vehicle			Asphalt								



Case Number	F00614-19			Longitude				Railroad Crossing Number	Roadway Orientation			Pg 4 of 9					
Latitude	33.8199			N	-97.1314			W		Unit Number	01	N E S W	S	Unit Number	02	N E S W	S
 Indicates North by Arrow																	

COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	
01	17	34	35	00	35	34
02	35	00	00	00	35	

- 00 Not Applicable
 10 Overturn/Rollover
 11 Fire/Explosion
 12 Immersion
 13 Jackknife
 14 Cargo/Equipment Loss or Shift
 15 Equipment Failure (Blown Tire, Brake Failure, etc.)
 16 Separation of Units
 17 Departed Road Right
 18 Departed Road Left
 19 Cross Median/Centerline
 20 Downhill Runaway

- 21 Fell/Jumped From Motor Vehicle
 22 Thrown Or Falling Object
 23 Other Non-Collision
PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:
 30 Pedestrian
 31 Pedal Cycle
 32 Railway Vehicle (train, engine)
 33 Animal
 34 Motor Vehicle in Transport
 35 Parked Motor Vehicle
 36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle

- | | | | |
|----|----------------------------------|----|--------------------------------|
| 37 | Work Zone/Maintenance Equipment | 56 | Pavement Drop-Off |
| 38 | Other Non-Fixed Object | 57 | Ditch |
| | FIXED OBJECT: | 58 | Embankment |
| 40 | Barrier (Cable) | 59 | Tree (Standing) |
| 41 | Barrier (Concrete) | 60 | Dividing Strip |
| 42 | Barrier (Other) | 61 | Retaining Wall |
| 43 | Fence Pole | 62 | Bridge Abutment |
| 44 | Fence | 63 | Bridge Pier or Support |
| 45 | Traffic Signal Support | 64 | Bridge Rail |
| 46 | Traffic Sign Support | 65 | Bridge Post |
| 47 | Utility Pole/Light Support | 66 | Bridge Curb |
| 48 | Other Post/Pole/Support | 67 | Bridge Super Structure (Beams) |
| 49 | Guardrail/Guardrail Face | 68 | Bridge Overhead Structure |
| 50 | Guardrail End | 69 | Delineator |
| 51 | Culvert | 70 | Mailbox |
| 52 | Curb | 71 | Other Fixed Object |
| 53 | Island | 72 | Other Highway Structure |
| 54 | Sand Barrels | 73 | Ground |
| 55 | Impact Attenuator/ Crash Cushion | 99 | Unknown |

Remarks

UNIT 1 WAS SOUTH BOUND ON I35 OUTSIDE LANE. UNITS 2, AND 3 WERE PARKED ON THE SHOULDER OF THE ROADWAY. UNIT 1 THEN DEPARTED ROADWAY RIGHT AND STRUCK UNIT 2 AND UNIT 3. AREA OF IMPACT WAS APPROXIMATELY 4' WEST OF THE WEST EDGE OF I35 AND 10' SOUTH OF MM 7. AREA OF REST FOR UNIT 1 WAS APPROXIMATELY 119' SOUTH OF AREA OF IMPACT AND 14' WEST OF THE WEST EDGE OF I 35. AREA OF REST FOR UNIT 2 WAS APPROX. 89' SOUTH OF AREA OF IMPACT AND 15' WEST OF THE WEST EDGE OF I 35. AREA OF REST FOR UNIT 3 WAS APPROXIMATELY 135' SOUTH OF AREA OF IMPACT AND 25' WEST OF THE WEST EDGE OF I 35. UNIT 1 STATED HE LOOKED OVER HIS LEFT SHOULDER AT A TRUCK PASSING, THEN HE STRUCK A PICKUP ON THE SHOULDER OF THE ROADWAY. ALL DRIVERS OF THE PICK UP TRUCKS WERE OUT OF THEIR CARS ASSISTING ANOTHER MOTORIST IN FIXING A FLAT TIRE.

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.



DPS: 0192-04 REV 0107

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency OKLAHOMA HIGHWAY PATROL		Case Number (Agency Use) F00614-19		Motor Vehicles Involved 03	Number Injured 03	Number Killed 00				
(2) Date of Collision (mm/dd/yyyy) 05/20/2019		Time 1543	County Number and Name 43 LOVE	Nearest City or Town Number and Name In <input type="checkbox"/> 00 NEAR <input checked="" type="checkbox"/> THACKERVILLE						
(3) Distance from Nearest City or Town Limits 0020		Mi. <input checked="" type="checkbox"/> Fl. <input type="checkbox"/>	N <input checked="" type="checkbox"/> S <input type="checkbox"/>	Control # FL. <input type="checkbox"/> 17	Int ID 00	Location 07 . 00	East Grid 047 + 7	North Grid 014 + 7	Administrative PARIS	
(4) Street, Road or Highway I-35		Distance from At 0010		Mi. <input type="checkbox"/> Fl. <input checked="" type="checkbox"/>	N <input type="checkbox"/> S <input checked="" type="checkbox"/>	E <input type="checkbox"/> W <input checked="" type="checkbox"/>	(Nearest) Intersecting Street, Road or Highway of MM 7			
(5) Unit 03	Occupants 01	Type C CMV	Hit & Run <input type="checkbox"/>	Last Name BRUGH	First ROBERT	Middle W	Suffix <input type="checkbox"/>	Date of Birth (mm/dd/yyyy) 10/02/1972	Sex M	
(6) Address 17713 BLACKHAWK CIR		City EDMOND		State OK		Zip 73012	Telephone (Use Area Code) (701)690-5019			
(7) Driver License Number BRU725053		State OK		Class D	Endorsement(s) <input type="checkbox"/>	Restriction(s) <input type="checkbox"/> 2 <input type="checkbox"/> 3	Inj. Sev. <input type="checkbox"/>	Type of Injury <input type="checkbox"/>	Drv./Ped. Cond. 00	OP Use 00
(8) Ejected Air Bag 1 1	Extricated 1 5	Test 0.	(% BAC)	Transported by SOAS	To Medical Facility NORTH TEAXAS HOSPITAL	License Plate Number JET204	State OK	Month 10	Year 2019	
(9) VIN 3C63RRNL7JG140674		Vehicle Year 2018		Color BLK	2nd Color 0	Make RAM	Model 3500	Veh. Conf. 04	Extent of Damage 4	
(10) Insurance Company Name Insurance Verification 2 PROGRESSIVE NORTHERN INS CO (38628)		Policy Number 927720299					Insurance Telephone (Use Area Code) 9			
(11) Vehicle Removed by Driver MCGEHEE WRECKER		Owner's Last Name Same as Driver BRUGH		First ROBERT	Middle WAYNE JR	Suffix <input type="checkbox"/>				
(12) Owner's Address 17713 BLACK HAWK CIR		City EDMOND		State OK	Zip 73012	Oversized Load 0	Rolled <input type="checkbox"/>	Phone present <input type="checkbox"/>	Burned <input type="checkbox"/>	Phone in use <input type="checkbox"/>
(13) Citation Number		Statute/Ordinance Number		Citation Number				Statute/Ordinance Number		
(14) Unit <input type="checkbox"/>		Occupants <input type="checkbox"/> <input type="checkbox"/>	Type <input type="checkbox"/> CMV	Last Name <input type="checkbox"/>	First <input type="checkbox"/>	Middle <input type="checkbox"/>	Suffix <input type="checkbox"/>	Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/>	
(15) Address		City		State OK		Zip <input type="checkbox"/>	Telephone (Use Area Code) <input type="checkbox"/>			
(16) Driver License Number		State OK		Class D	Endorsement(s) <input type="checkbox"/>	Restriction(s) <input type="checkbox"/> 2 <input type="checkbox"/> 3	Inj. Sev. <input type="checkbox"/>	Type of Injury <input type="checkbox"/>	Drv./Ped. Cond. <input type="checkbox"/>	OP Use <input type="checkbox"/>
(17) Ejected Air Bag 0 0	Extricated 0	Test 0.	(% BAC)	Transported by <input type="checkbox"/>	To Medical Facility <input type="checkbox"/>	License Plate Number <input type="checkbox"/>	State <input type="checkbox"/>	Month <input type="checkbox"/>	Year <input type="checkbox"/>	
(18) VIN		Vehicle Year		Color <input type="checkbox"/>	2nd Color <input type="checkbox"/>	Make <input type="checkbox"/>	Model <input type="checkbox"/>	Veh. Conf. <input type="checkbox"/>	Extent of Damage <input type="checkbox"/>	
(19) Insurance Company Name Insurance Verification <input type="checkbox"/>		Policy Number					Insurance Telephone (Use Area Code) <input type="checkbox"/>			
(20) Vehicle Removed by Driver <input type="checkbox"/>		Owner's Last Name Same as Driver <input type="checkbox"/>		First <input type="checkbox"/>	Middle <input type="checkbox"/>	Suffix <input type="checkbox"/>				
(21) Owner's Address		City		State <input type="checkbox"/>	Zip <input type="checkbox"/>	Oversized Load <input type="checkbox"/>	Rolled <input type="checkbox"/>	Phone present <input type="checkbox"/>	Burned <input type="checkbox"/>	Phone in use <input type="checkbox"/>
(22) Citation Number		Statute/Ordinance Number		Citation Number				Statute/Ordinance Number		
(23) Investigating Officer M Rodriguez		Badge Number 751		Trp/Div. Assigned F	Trp/Div. Location F	Reviewer (Init.) BS	Reviewer Badge Number 115	Date of Report (mm/dd/yyyy) 05/20/2019		
Unit Type D Driver P Pedestrian X Pedestrian Conveyance B Bicyclist		Injury Severity Z Other Cyclist C Parked Car A Animal T Trail 3 Non-Incapacitating		0 N/A 1 No Injury 2 Possible 3 Non-Incapacitating	4 Incapacitating 5 Fatal 9 Unknown	Type of Injury 0 N/A 1 Head 2 Trunk - External 9 Unknown	3 Trunk - Internal 4 Arms 5 Legs	Driver/Pedestrian Condition 00 Not Applicable 01 Apparently Normal 02 Drifting - Ability Impaired 03 Odor of Alcohol/Beverage 04 Illegal Drugs	05 Under the Influence 08 Ill (Sick) 09 Dizzy/Faint Medications 10 Emotional 11 Other 12 Sleepy 99 Unknown	Occupant Protection (OP) in Use 05 Child Restraint Type Unknown 06 Restraint Used - Type Unknown 07 Helmet 08 Child Restraint - Forward Facing 09 Child Restraint - Rear Facing
Air Bag Deployed 0 Not Applicable 1 Not Deployed 2 Deployed - Front 3 Deployed - Side		Ejected 0 Not Applicable 1 Not Ejected 2 Ejected 3 Deployment Unknown		Extricated 0 N/A 1 No 2 Yes	Chemical Test 0 N/A 1 Blood 2 Breath 3 Blood/Breath	Extent of Damage 4 Test Refused 5 None Given 6 Other 7 Minor 9 Unknown	Insurance Verification 0 N/A 1 None 2 Minor 9 Unknown	Oversized Load 1 No 2 Owner N Not Permitted P Permitted	Towed Vehicle Type 05 Another Vehicle 06 Utility Trailer 07 Homemade 08 Camping Combination 09 Farm Trailer 10 Boat Trailer 11 Combination 12 Other 99 Unknown	

WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

DPS: 0192-01 REV 0107

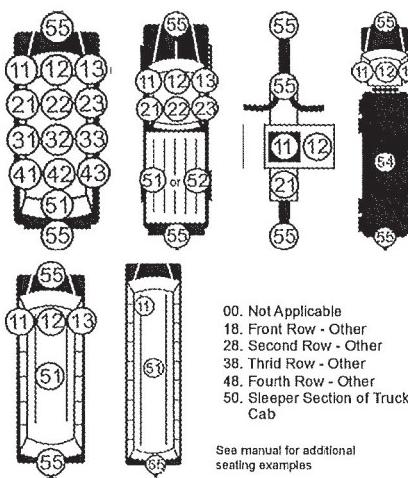
Case Number F00614-19

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Complete information below if this vehicle is being used for COMMERCIAL/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS, OR has a HAZWATER PLACARD, OR TENS WITH SIZING CLASS NINE OR MORE INCLUDING THE DRIVER.

(36) Unit	Carrier Name		Address							
(37) City			State	Zip	GVWR	<input type="checkbox"/> 0 - 10K lbs.	<input type="checkbox"/> 10,001 - 26K lbs.	Axle Qty.	Cargo Body	Vehicle Use
					GCWR	<input type="checkbox"/> 26K+ lbs.				Interstate Commerce
(38) U.S. DOT Number	NASI Report Number		Placard Number		Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release			Intrastate Commerce
	OK									Other Non-Commercial
(39) Unit	Carrier Name		Address							
(40) City			State	Zip	GVWR	<input type="checkbox"/> 0 - 10K lbs.	<input type="checkbox"/> 10,001 - 26K lbs.	Axle Qty.	Cargo Body	Vehicle Use
					GCWR	<input type="checkbox"/> 26K+ lbs.				Interstate Commerce
(41) U.S. DOT Number	NASI Report Number		Placard Number		Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release			Intrastate Commerce
	OK									Other Non-Commercial

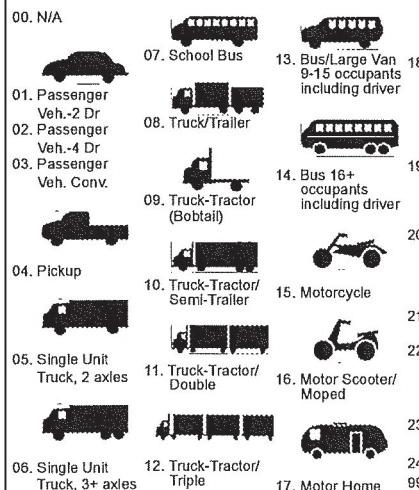
Position in Vehicle



- 00. Not Applicable
 - 18. Front Row - Other
 - 28. Second Row - Other
 - 38. Third Row - Other
 - 48. Fourth Row - Other
 - 50. Sleeper Section of Truck Cab

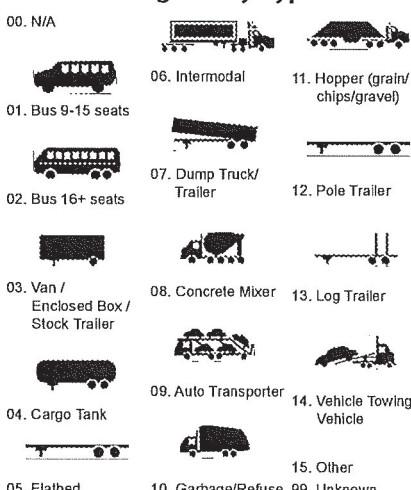
See manual for additional seating examples

Vehicle Configuration



-  18. Farm Machinery
 19. ATV
 20. SUV
 21. Passenger Van
 22. Truck more than 10,000 lbs., Cannot Classify
 23. Van 10,000 lbs. or Less
 24. Other
 99. Unknown

Cargo Body Type



Case Number F00614-19

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 7 of 9

			Pedestrian / Pedalcyclist Only						Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
			Actions Prior to Collision		Location at Time of Collision		Safety Equip.		Unit Number of Vehicle Striking		Type of Work Zone	
											1 Lane Closure	
											2 Lane Shift/Crossover	
											3 Work on Shoulder or Median	
											4 Intermittent or Moving Work	
											9 Unknown	
											Location of the Work Zone Collision	
											1 Before the First Work Zone Warning Sign	
											2 Advance Warning Area	
											3 Transition Area	
											4 Activity Area	
											5 Termination Area	
											9 Unknown	
											Workers Present Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
											Unsafe / Unlawful Contributing Factors	
											Unit 1 Unit 2	
											98	
											FAILING TO YIELD	
											49 Tires	
											50 Suspension	
											51 Headlights	
											52 Tail Lights	
											53 Stop Lights	
											54 Wheel	
											55 Exhaust System	
											56 Windshield Wipers	
											57 Other Mechanical Defects	
											LEFT OF CENTER	
											58 In Meeting	
											59 No Passing Zone (Unmarked)	
											60 Marked Zone	
											61 Other	
											IMPROPER OVERTAKING	
											62 In Marked Zone	
											63 On Hill/Curve	
											64 At Intersection	
											65 Without Sufficient Clearance	
											66 Other	
											IMPROPER PARKING	
											67 On Roadway	
											68 Where Prohibited	
											69 Other	
											INATTENTION	
											70 Distracted by Passenger in Vehicle	
											71 Other Distraction Inside Vehicle	
											72 Distraction From Outside Vehicle	
											73 Other	
											WRONG WAY	
											74 On One Way	
											75 On Exit Ramp	
											76 On Entrance Ramp	
											77 Other	
											IMPROPER TURN	
											78 Parked Position	
											79 Other	
											80 ALCOHOL-DUI/DWI	
											81 DRUG-DUI	
											OTHER IMPROPER ACT/MOVEMENT	
											82 Failed to Signal	
											83 Disregarded Warning Signal	
											84 Improper Use of Lane	
											85 Improper Backing	
											86 Apparently Sleepy	
											87 Failed to Secure Load	
											88 Other/Unknown	
											UNKN./NO IMPROPER ACT	
											89 Deer in Roadway	
											90 Animal in Roadway	
											91 Domestic Animal in Rdwy	
											92 Avoiding Other Vehicle	
											93 Avoiding Pedestrian	
											94 Object/Debris in Roadway	
											95 Defect in Roadway	
											96 Abnormal Traffic Control	
											97 Improper Bicyclist Action	
											98 NO IMPROPER ACTION BY DRIVER	
											99 PEDESTRIAN ACTION	
											Point of First Contact on Vehicle	
											Unit 1 Unit 2	
											07	
											Unit 1 Unit 2	
											07	
											Most Damaged Area	
											00 Not Applicable	
											14 Undercarriage	
											99 Unknown	
											13 Top	

Case Number F00614-19

Latitude

33.8199

Longitude

-97.1314

Railroad Crossing Number

W

Roadway Orientation

Unit Number 03 N E S W S

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**COLLISION EVENTS**

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	
03	35	00	00	00	35	34

- 00 Not Applicable
- 10 Overturn/Rollover
- 11 Fire/Explosion
- 12 Immersion
- 13 Jackknife
- 14 Cargo/Equipment Loss or Shift
- 15 Equipment Failure (Blown Tire, Brake Failure, etc.)
- 16 Separation of Units
- 17 Departed Road Right
- 18 Departed Road Left
- 19 Cross Median/Centerline
- 20 Downhill Runaway

- 21 Fell/Jumped From Motor Vehicle
- 22 Thrown Or Falling Object
- 23 Other Non-Collision
- PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:
- 30 Pedestrian
- 31 Pedal Cycle
- 32 Railway Vehicle (train, engine)
- 33 Animal
- 34 Motor Vehicle In Transport
- 35 Parked Motor Vehicle
- 36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle

- | | |
|-------------------------------------|-----------------------------------|
| 37 Work Zone/Maintenance Equipment | 56 Pavement Drop-Off |
| 38 Other Non-Fixed Object | 57 Ditch |
| FIXED OBJECT: | 58 Embankment |
| 40 Barrier (Cable) | 59 Tree (Standing) |
| 41 Barrier (Concrete) | 60 Dividing Strip |
| 42 Barrier (Other) | 61 Retaining Wall |
| 43 Fence Pole | 62 Bridge Abutment |
| 44 Fence | 63 Bridge Pier or Support |
| 45 Traffic Signal Support | 64 Bridge Rail |
| 46 Traffic Sign Support | 65 Bridge Post |
| 47 Utility Pole/Light Support | 66 Bridge Curb |
| 48 Other Post/Pole/Support | 67 Bridge Super Structure (Beams) |
| 49 Guardrail/Guardrail Face | 68 Bridge Overhead Structure |
| 50 Guardrail End | 69 Dellneator |
| 51 Culvert | 70 Mailbox |
| 52 Curb | 71 Other Fixed Object |
| 53 Island | 72 Other Highway Structure |
| 54 Sand Barrels | 73 Ground |
| 55 Impact Attenuator/ Crash Cushion | 99 Unknown |

Remarks

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.



DPS: 0192-04 REV 0107

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
DIAGRAM SUPPLEMENTAL

Case Number

F00614-19

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